

Business Retention/Business Opportunities Questionnaire

Company Background Information

Company Name: _____

Contact Name: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Facility Type: _____

Parent Company: _____

Years in Business in Las Vegas: _____

New Employees Projected: _____

Fulltime Employees Now: _____

Two years Ago: _____

Four years Ago: _____

Maximum Number: _____

Year: _____

Business Assessment

What are your primary products or services? _____

Sic Code: _____

Is the company's primary market:

☐ Local

☐ Regional

☐ National

☐ International

Who are your major customers?

Who are your major suppliers?

If your suppliers are not local, are there local companies that offer similar services?

☐ Yes

☐ No

If Yes, what company?

Is Las Vegas a positive location for business?

☐ Yes

☐ No

During the next 1 to 3 years, will the following be increasing, stable, or decreasing?

Item	Increasing	Stable	Decreasing
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Will your utility needs for this facility be increasing, stable, or decreasing?

Type of Utility	Increasing	Stable	Decreasing
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telecommunications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the previous 3 years have company sales decreased?

☐ Yes

☐ No

Has the company's ownership changed in the last 18 months:

☐ Yes

☐ No

Does the company own or lease this facility?

☐ Own

☐ Lease

If a lease, when does it expire?

Will the company renew?

☐ Yes

☐ No

Does this operation have a union agreement?

☐ Yes

☐ No

What is the contract renewal date?

Are there physical barriers to expansion at your current site?

☐ Yes

☐ No

Are there any barriers to your business' growth in this community?

☐ Yes

☐ No

Is the company considering relocating?

☐ Yes

☐ No

Where?

Do you anticipate any federal, state, or local legislative changes that will affect your business:

☐ Yes

☐ No

Workforce Assessment

	Low				High
How do you rate the availability of workers in this area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How do you rate the quality of workforce in this area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How do you rate the stability of workforce in this area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate productivity in this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your company experiencing recruitment problems, with employee positions or skills?					
<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>					

Community Assessment

Please rate the quality of these services provided by the community:

	Low				High	N/A
Police protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambulance / Paramedic service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage treatment / Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water quality / Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools (K 12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue on other side.

Community Assessment (continued)

Please rate the quality of these services provided by the community:

	Low				High	N/A
Property tax assessment (fair & equitable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory enforcement (fair & equitable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your assistance.

Do you have an urgent need for assistance? ☐ Yes ☐ No

Would you like to schedule a meeting with the City’s Business Development Staff? ☐ Yes ☐ No

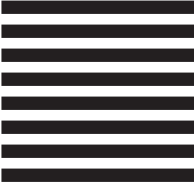
Would you like to get additional information on the Business Assistance program? ☐ Yes ☐ No

When completed, please fold, seal and return, postage is paid.

28111-002-12-05



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 1129 LAS VEGAS, NEVADA

POSTAGE WILL BE PAID BY ADDRESSEE

City of Las Vegas
Business Assistance Program
Office of Business Development
400 Stewart Avenue
Las Vegas, Nevada 89101-2986

